

Health Information  
Designs Inc.Florida  
Query ReportDate: 11/21/15  
Page#: 1

## Patient Advisory Report

Search Criteria: Last Name [REDACTED] and First Name [REDACTED] and [REDACTED] and Request Period = '11/21/14' to '11/21/15' - 1 out of 1 Recipients Selected.

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	N/R*	Pharm	Pay	MED+
10/26/2015	HYDROMORPHONE 4 MG TABLET	180.00	30	[REDACTED]	[REDACTED]	10/05/2015	R	[REDACTED]	03	96.0
10/26/2015	SUBSYS 200 MCG SPRAY	120.00	30	[REDACTED]	[REDACTED]	10/05/2015	R	[REDACTED]	03	144.0
09/25/2015	SUBSYS 200 MCG SPRAY	120.00	30	[REDACTED]	[REDACTED]	09/22/2015	R	[REDACTED]	03	144.0
09/25/2015	HYDROMORPHONE 4 MG TABLET	180.00	30	[REDACTED]	[REDACTED]	09/22/2015	R	[REDACTED]	03	96.0
09/01/2015	ZOLPIDEM TARTRATE 10 MG TABLET	30.00	30	[REDACTED]	[REDACTED]	09/01/2015	N	[REDACTED]	03	00.0
09/01/2015	CLONAZEPAM 0.5 MG TABLET	30.00	10	[REDACTED]	[REDACTED]	09/01/2015	N	[REDACTED]	03	00.0
08/26/2015	HYDROMORPHONE 4 MG TABLET	180.00	30	[REDACTED]	[REDACTED]	08/24/2015	R	[REDACTED]	03	96.0
08/13/2015	HYDROMORPHONE 4 MG TABLET	90.00	15	[REDACTED]	[REDACTED]	08/13/2015	N	[REDACTED]	03	96.0
08/05/2015	SUBSYS 200 MCG SPRAY	120.00	30	[REDACTED]	[REDACTED]	08/04/2015	R	[REDACTED]	03	144.0
07/01/2015	CLONAZEPAM 0.5 MG TABLET	30.00	10	[REDACTED]	[REDACTED]	06/30/2015	N	[REDACTED]	03	00.0
07/01/2015	ZOLPIDEM TARTRATE 10 MG TABLET	30.00	30	[REDACTED]	[REDACTED]	06/30/2015	N	[REDACTED]	03	00.0
04/20/2015	ABSTRAL 200 MCG TAB SUBLINGUAL	32.00	4	[REDACTED]	[REDACTED]	04/17/2015	N	[REDACTED]	04	208.0
01/07/2015	CLONAZEPAM 0.5 MG TABLET	30.00	10	[REDACTED]	[REDACTED]	01/07/2015	N	[REDACTED]	03	00.0
12/02/2014	CLONAZEPAM 0.5 MG TABLET	30.00	30	[REDACTED]	[REDACTED]	11/03/2014	N	[REDACTED]	03	00.0

\*N/R N=New R=Refill  
+MED Daily

Payment Types: 01 Private Pay, 02 Medicaid, 03 Medicare, 04 Commercial Insurance, 05 Military Installations and VA, 06 Worker's Comp, 07 Indian Nations, 99 Other

## Prescribers for prescriptions listed

[REDACTED] FL 33971  
[REDACTED] FL 33919

## Pharmacies that dispensed prescriptions listed

[REDACTED] FL 33971,  
[REDACTED] NY 11797,  
[REDACTED] FL 33913,  
[REDACTED] NJ 07024,

## Patients that match search criteria

[REDACTED] FL 33971

## MED Summary

This section displays cumulative MED values by unique recipient. The MED Max value is the maximum occurrence of cumulative MED sustained for any 3 consecutive days. This value is calculated based on prescriptions dispensed during the date range requested.

[REDACTED] FL 33971

Health Information  
Designs Inc.Florida  
Query ReportDate: 11/21/15  
Page#: 1

## Patient Advisory Report

Search Criteria: [REDACTED] and [REDACTED] and [REDACTED] and Request Period =  
'11/21/14' to '11/21/15' - 2 out of 2 Recipients Selected.

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	N/R*	Pharm	Pay	MED+
10/19/2015	MORPHINE SULFATE IR 30 MG TAB	120.00	20	[REDACTED]	[REDACTED]	09/29/2015	N	[REDACTED]	04	180.0
10/19/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	09/29/2015	N	[REDACTED]	04	120.0
10/19/2015	ALPRAZOLAM 0.5 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	08/04/2015	R	[REDACTED]	04	00.0
10/09/2015	FENTORA 400 MCG BUCCAL TABLET	84.00	21	[REDACTED]	[REDACTED]	10/08/2015	R	[REDACTED]	99	208.0
10/01/2015	SUBSYS 600 MCG SPRAY	30.00	10	[REDACTED]	[REDACTED]	09/29/2015	R	[REDACTED]	04	324.0
09/17/2015	MORPHINE SULFATE IR 30 MG TAB	120.00	30	[REDACTED]	[REDACTED]	08/04/2015	N	[REDACTED]	04	120.0
09/17/2015	FENTANYL 75 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	08/04/2015	N	[REDACTED]	04	180.0
09/17/2015	ALPRAZOLAM 0.5 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	08/04/2015	N	[REDACTED]	04	00.0
08/17/2015	MORPHINE SULFATE IR 30 MG TAB	120.00	30	[REDACTED]	[REDACTED]	08/17/2015	N	[REDACTED]	04	120.0
08/17/2015	FENTANYL 75 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	08/17/2015	N	[REDACTED]	04	180.0
08/17/2015	CARISOPRODOL 350 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	07/16/2015	N	[REDACTED]	04	00.0
08/17/2015	ALPRAZOLAM 0.5 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	06/15/2015	R	[REDACTED]	04	00.0
08/17/2015	SUBSYS 600 MCG SPRAY	120.00	15	[REDACTED]	[REDACTED]	08/04/2015	N	[REDACTED]	04	864.0
08/05/2015	SUBSYS 600 MCG SPRAY	120.00	15	[REDACTED]	[REDACTED]	08/04/2015	N	[REDACTED]	04	864.0
07/17/2015	FENTANYL 75 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	06/23/2015	N	[REDACTED]	04	180.0
07/16/2015	MORPHINE SULFATE IR 30 MG TAB	120.00	30	[REDACTED]	[REDACTED]	07/16/2015	N	[REDACTED]	04	120.0
07/16/2015	ALPRAZOLAM 0.5 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	06/15/2015	N	[REDACTED]	04	00.0
07/16/2015	CARISOPRODOL 350 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	03/31/2015	R	[REDACTED]	04	00.0
07/06/2015	SUBSYS 600 MCG SPRAY	120.00	15	[REDACTED]	[REDACTED]	06/23/2015	N	[REDACTED]	04	864.0
06/23/2015	SUBSYS 600 MCG SPRAY	120.00	15	[REDACTED]	[REDACTED]	06/23/2015	N	[REDACTED]	04	864.0
06/15/2015	MORPHINE SULFATE IR 30 MG TAB	120.00	30	[REDACTED]	[REDACTED]	06/15/2015	N	[REDACTED]	04	120.0
06/15/2015	FENTANYL 75 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	06/15/2015	N	[REDACTED]	04	180.0
06/15/2015	ALPRAZOLAM 0.5 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	04/28/2015	R	[REDACTED]	04	00.0
06/15/2015	CARISOPRODOL 350 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	03/31/2015	R	[REDACTED]	04	00.0
05/27/2015	SUBSYS 600 MCG SPRAY	120.00	15	[REDACTED]	[REDACTED]	05/26/2015	N	[REDACTED]	04	864.0
05/13/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	04/28/2015	N	[REDACTED]	04	120.0
05/13/2015	ALPRAZOLAM 0.5 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	04/28/2015	N	[REDACTED]	04	00.0
04/29/2015	SUBSYS 600 MCG SPRAY	120.00	15	[REDACTED]	[REDACTED]	04/28/2015	N	[REDACTED]	04	864.0
04/22/2015	CARISOPRODOL 350 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	03/31/2015	N	[REDACTED]	04	00.0
04/13/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	03/31/2015	N	[REDACTED]	04	120.0
04/13/2015	MORPHINE SULFATE IR 30 MG TAB	120.00	30	[REDACTED]	[REDACTED]	03/31/2015	N	[REDACTED]	04	120.0
04/13/2015	ALPRAZOLAM 0.5 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	03/12/2015	R	[REDACTED]	04	00.0
03/31/2015	SUBSYS 600 MCG SPRAY	120.00	15	[REDACTED]	[REDACTED]	03/31/2015	N	[REDACTED]	04	864.0
03/12/2015	DIAZEPAM 5 MG TABLET	2.00	1	[REDACTED]	[REDACTED]	03/12/2015	N	[REDACTED]	04	00.0
03/12/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	03/12/2015	N	[REDACTED]	04	120.0
03/12/2015	MORPHINE SULFATE IR 30 MG TAB	120.00	30	[REDACTED]	[REDACTED]	03/12/2015	N	[REDACTED]	04	120.0
03/12/2015	ALPRAZOLAM 0.5 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	03/12/2015	N	[REDACTED]	04	00.0
03/04/2015	SUBSYS 600 MCG SPRAY	120.00	15	[REDACTED]	[REDACTED]	03/03/2015	N	[REDACTED]	04	864.0
02/11/2015	MORPHINE SULFATE IR 30 MG TAB	120.00	30	[REDACTED]	[REDACTED]	02/11/2015	N	[REDACTED]	04	120.0
02/11/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	02/11/2015	N	[REDACTED]	04	120.0
02/11/2015	ALPRAZOLAM 0.5 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	01/06/2015	N	[REDACTED]	04	00.0
02/03/2015	SUBSYS 600 MCG SPRAY	120.00	15	[REDACTED]	[REDACTED]	02/03/2015	N	[REDACTED]	04	864.0
01/12/2015	MORPHINE SULFATE IR 30 MG TAB	120.00	30	[REDACTED]	[REDACTED]	01/12/2015	N	[REDACTED]	04	120.0
01/12/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	01/12/2015	N	[REDACTED]	04	120.0
01/12/2015	ALPRAZOLAM 0.5 MG TABLET	90.00	30	[REDACTED]	[REDACTED]	11/06/2014	R	[REDACTED]	04	00.0
01/07/2015	SUBSYS 400 MCG SPRAY	120.00	30	[REDACTED]	[REDACTED]	01/06/2015	N	[REDACTED]	04	288.0
12/11/2014	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	12/11/2014	N	[REDACTED]	04	120.0
12/11/2014	MORPHINE SULFATE IR 30 MG TAB	120.00	30	[REDACTED]	[REDACTED]	12/11/2014	N	[REDACTED]	04	120.0

Dun  
meadow

CUS

Linden  
Cure

Health Information  
Designs Inc.

Florida  
Query Report

Date: 11/21/15  
Page#: 2

Patient Advisory Report

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber Written	N/R*	Pharm	Pay	MED+
12/11/2014	ALPRAZOLAM 0.5 MG TABLET	90.00	30		11/06/2014	N		04	00.0
12/11/2014	CARISOPRODOL 350 MG TABLET	90.00	30		09/18/2014	R		04	00.0
12/09/2014	SUBSYS 400 MCG SPRAY	120.00	30		12/09/2014	N		04	288.0

\*N/R N=New R=Refill  
+MED Daily

Payment Types: 01 Private Pay, 02 Medicaid, 03 Medicare, 04 Commercial Insurance, 05 Military Installations and VA, 06 Worker's Comp, 07 Indian Nations, 99 Other

Prescribers for prescriptions listed

Pharmacies that dispensed prescriptions listed

FL3950943 LINDEN CARE, LLC; 130 CROSSWAYS PARK DRIVE SUITE 101 WOODBURY NY 11797

NJ 07024, FL 33990,

Patients that match search criteria

MED Summary

This section displays cumulative MED values by unique recipient. The MED Max value is the maximum occurrence of cumulative MED sustained for any 3 consecutive days. This value is calculated based on prescriptions dispensed during the date range requested.

FL 33950

Health Information  
Designs Inc.

Florida  
Query Report

Date: 11/21/15  
Page#: 1

Patient Advisory Report

Search Criteria: Last Name [REDACTED] and First Name [REDACTED] and [REDACTED] = [REDACTED] and Request Period = '11/21/14' to '11/21/15' - 1 out of 1 Recipients Selected.

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	N/R*	Pharm	Pay	MED+
11/03/2015	SUBSYS 200 MCG SPRAY	30.00	7	[REDACTED]	[REDACTED]	10/22/2015	N	[REDACTED]	01	154.3
11/03/2015	SUBSYS 200 MCG SPRAY	30.00	7	[REDACTED]	[REDACTED]	10/22/2015	N	[REDACTED]	04	154.3
10/26/2015	SUBSYS 200 MCG SPRAY	30.00	7	[REDACTED]	[REDACTED]	10/22/2015	N	[REDACTED]	04	154.3
10/26/2015	SUBSYS 200 MCG SPRAY	30.00	7	[REDACTED]	[REDACTED]	10/22/2015	N	[REDACTED]	04	154.3
10/16/2015	FENTANYL 75 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	10/05/2015	N	[REDACTED]	04	180.0
09/19/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	09/04/2015	N	[REDACTED]	04	120.0
09/11/2015	SUBSYS 200 MCG SPRAY	30.00	8	[REDACTED]	[REDACTED]	09/08/2015	N	[REDACTED]	04	135.0
08/17/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	08/10/2015	N	[REDACTED]	04	120.0
07/18/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	07/16/2015	N	[REDACTED]	04	120.0
06/15/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	06/08/2015	N	[REDACTED]	04	120.0
05/14/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	04/27/2015	N	[REDACTED]	04	120.0
04/08/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	03/23/2015	N	[REDACTED]	04	120.0
04/08/2015	SUBSYS 200 MCG SPRAY	30.00	8	[REDACTED]	[REDACTED]	04/08/2015	N	[REDACTED]	04	135.0
03/08/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	03/08/2015	N	[REDACTED]	04	120.0
02/06/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	02/06/2015	N	[REDACTED]	04	120.0
01/07/2015	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	12/19/2014	N	[REDACTED]	04	120.0
11/26/2014	FENTANYL 50 MCG/HR PATCH	10.00	30	[REDACTED]	[REDACTED]	11/26/2014	N	[REDACTED]	04	120.0

\*N/R N=New R=Refill  
+MED Daily

Payment Types: 01 Private Pay, 02 Medicaid, 03 Medicare, 04 Commercial Insurance, 05 Military Installations and VA, 06 Worker's Comp, 07 Indian Nations, 99 Other

Prescribers for prescriptions listed

FL 33134

Pharmacies that dispensed prescriptions listed

FL 33176,

NY 11797

FL 33176,

AZ 85085,

Patients that match search criteria

FL 33176

patient Florida

MED Summary

This section displays cumulative MED values by unique recipient. The MED Max value is the maximum occurrence of cumulative MED sustained for any 3 consecutive days. This value is calculated based on prescriptions dispensed during the date range requested.